24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Maryland USA	C C00581777
	M = M / D = D / Y = Y = Y
Check if X 24-hour report 48-hour report New report Amends report filed	
Full Name of Payee Tele-Town Hall	Date of Public Distribution/Dissemination
	10 23 2016
Mailing Address 4600 Fairfax Dr #802	Amount
City State Zip Code	2214.00
Arlington VA 22203	Transaction ID : SE.4481 Date of Disbursement or Obligation
Purpose of Expenditure Phone calls Category/ Type 004	10 23 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: X House District: 06
HOEBER, AMIE, , ,	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	orsement For: Primary General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	Amount
014	
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M M / D D / Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	ursement For: Primary General
	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	2214.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	2214.00
Under penalty of perjury I certify that the independent expenditures reported herein were not movith, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
	0 24 2016
Signature	